

NASSAU COUNTY YOUTH BOARD

2005 STATISTICAL/NARRATIVE MONTHLY REPORT

**Youth Violence Gang Prevention/Intervention
Project – Category I & Category II Providers**

SPONSORING AGENCY: _____

PROGRAM TITLE: _____ **PROGRAM #:** _____

Report Covers the Following Quarter (Check One):

Month Ending _____, 2005

DEMOGRAPHIC PROFILE OF YOUTH SERVED – Compete for *youth under 21 ONLY*

1. TOTAL YOUTH SERVED:

Indicate the total number of youth receiving at least one direct service year to date
(cumulative-unduplicated count)

2. SEX

A. Male: _____

B. Female: _____

TOTAL: _____

3. ETHNICITY

A. White: _____

B. Black: _____

C. Hispanic: _____

D. Native American _____

E. Asian: _____

F. Other: _____

TOTAL: _____

4. AGE

A. 0-4: _____

B. 5-9: _____

C. 10-15: _____

D. 16-20: _____

E. 21: _____

TOTAL: _____

ADULTS:

Indicate the total number served over 21 years: _____

Please complete based upon objectives

Number Served:

Priority Area

1. SEX

A. Male: _____

B. Female: _____

TOTAL: _____

2. ETHNICITY

A. White: _____

B. Black: _____

C. Hispanic: _____

D. Native American: _____

TOTAL: _____

E. Asian: _____

F. Other: _____

3. AGE

A. 0-4: _____

B. 5-9: _____

TOTAL: _____

C. 10-15: _____

D. 16-20: _____

E. 21: _____

ADULTS:

Indicate the total number served over 21 years: _____

Number Served:

Priority Area

1. SEX

A. Male: _____

B. Female: _____

TOTAL: _____

2. ETHNICITY

A. White: _____

B. Black: _____

C. Hispanic: _____

D. Native American: _____

TOTAL: _____

E. Asian: _____

F. Other: _____

3. AGE

A. 0-4: _____

B. 5-9: _____

TOTAL: _____

C. 10-15: _____

D. 16-20: _____

E. 21: _____

ADULTS:

Indicate the total number served over 21 years: _____

Numbers served:

Priority Area

1. SEX

A. Male:_____

B. Female:_____

TOTAL:_____

2. ETHNICITY

A. White:_____

B. Black:_____

C. Hispanic:_____

D. Native American:_____

TOTAL:_____

E. Asian:_____

F. Other:_____

3. AGE

A. 0-4:_____

B. 5-9:_____

TOTAL:_____

C. 10-15:_____

D. 16-20:_____

E. 21:_____

ADULTS:

Indicate the total number served over 21 years: _____

Numbers served:

Priority Area

4. SEX

A. Male:_____

B. Female:_____

TOTAL:_____

5. ETHNICITY

A. White:_____

B. Black:_____

C. Hispanic:_____

D. Native American:_____

TOTAL:_____

E. Asian:_____

F. Other:_____

6. AGE

A. 0-4:_____

B. 5-9:_____

TOTAL:_____

C. 10-15:_____

D. 16-20:_____

E. 21:_____

ADULTS:

Indicate the total number served over 21 years: _____

Please indicate your agency's progress in achieving the following:

Activities	Progress Or Obstacles/Barriers To Date
Collaboration Meetings: Specify agencies, groups and organizations.	
Community Workshops/Forums held/attended: indicate dates & numbers of people in attendance.	
Staff Development held/attended: indicate date(s) and topic(s).	

PART II MONTHLY STATISTICAL/NARRATIVE REPORT

Objectives:	Activities	Progress or Obstacles to Date
Outcome 1: (specify)		
Outcome 2: (specify)		
Outcome 3: (specify)		

Objectives	Activities	Progress or Obstacles to Date
Outcome 4: (specify)		
Outcome 5: (specify)		
Outcome 6: (specify)		

SPECIAL ACTIVITIES/EVENTS/PRESENTATIONS:

Description of Activity/ Event/Presentation	Date	Location	Number Board/Staff Parents/Vols.	Number of Youth
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
<i>PLEASE MAKE SURE TO ADD TOTALS:</i>			_____	_____

(Use additional pages if necessary)

Prepared by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____